

City of Newton



Setti D. Warren
Mayor

Treasury and Collection Department

James G. Reardon, Treasurer and Collector
1000 COMMONWEALTH AVENUE
NEWTON CENTRE, MA 02459
TELEPHONE (617) 796-1330
FACSIMILE (617) 796-1343

ABANDONED and UNCLAIMED PROPERTY CLAIM FORM

Last and First Name (as appeared on website)	Name and Mailing Address (Correction if different)
Employee #	

Claimant must sign below (if more than one person is entitled to the property both or all must sign). Under penalties of perjury, I declare that my claim of ownership to this property is true, absolute and complete.

I (we) have not sold, assigned, transferred, pledged this property, nor given it away nor authorized nor empowered any person or persons, corporation or association to draw any amount on same.

Owner Signature

Employee No. or last 4 digits of SS No.

Date

Co-Owner Signature (if applicable)

Employee No. or last 4 digits of SS No.

Date

(____) _____
Telephone Number

We need the following to process your claim:

Name, Mailing Address, Employee Number or last 4 digits of Social Security Number, Telephone Number and Signature.

If all the information is not completed, the claim will not be processed.

NOTE: Make a copy of the claim form for your records and return the original completed form, along with any necessary documentation to the address shown above. An original signature is required. Electronic copies, photocopies and faxes will not be accepted.

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

CHECK NUMBER

DATE

AMOUNT

DESCRIPTION